

FILED MAR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5755

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BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana	
c. LENGTH OF STAY (In this place) 60 Years		d. STREET ADDRESS (If rural, give location) 1110 South Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) MAGDALINE b. (Middle) KATHERINE c. (Last) SCHROEDER		4. DATE OF DEATH (Month) (Day) (Year) Feb. 26 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 3, 1862
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Lexington, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Christopher Behringer		13b. MOTHER'S MAIDEN NAME Veronica Ebert	
14. NAME OF HUSBAND OR WIFE Frank Schroeder			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME John Schroeder		ADDRESS Louisiana, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio Renal Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 3 wks yrs.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 1-1, 1949, to 2-26, 1949, that I last saw the deceased alive on 2-26, 1949, and that death occurred at 6:28 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Chas. H. Livellin M.D.		23b. ADDRESS Louisiana, Mo.	
23c. DATE SIGNED 2-26-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/28/49	
24c. NAME OF CEMETERY OR CREMATORY Riverview Cem.		24d. LOCATION (City, town, or county) (State) Louisiana Missouri	
DATE REC'D BY LOCAL REG. Feb 26, 1949		REGISTRAR'S SIGNATURE 374 Bernese Collier	
25. FUNERAL DIRECTOR'S SIGNATURE Garner & Sterne		ADDRESS Louisiana, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1012110

11. 3 cc 0111

RECEIVED

District Health Officer No.

District File Number 349

Date Filed MAR-2-1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Harold T. Garner

Signed _____
Student Embalmer

Licensed Embalmer No. 3770

P. O. Address Louisiana

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.